AIA International Limited
(Incorporated in Bermuda
with limited liability)

TRAVEL INSURANCE CLAIM FORM
旅遊保險賠償申請書

Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼 XXXX	TR Membership Number 業務代表會員號碼 ☐ PIBA ☐ CIB ☐ ANG
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 經紀姓名	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話	

O4242040

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份由受保人或申請人填寫

Policy Type 保單類別：

☐ Travel 旅遊保障
☐ China Assist Card 中國支援服務
☐ Worldwide Emergency Assistance 環球緊急支援服務
☐ Others 其他: _____

This is a 這次是： ☐ New Claim 首次索償 ☐ Further Claim 再次索償 ☐ Review / Appeal 重批 / 覆核

Country of Destination 行程目的地	Period of Journey 行程日期 From 由 MM月 / DD日 / YYYY年 To 至 MM月 / DD日 / YYYY年

Insurance amount covered by other Companies 投保於其他保險公司之金額

Name of Company 公司名稱	Policy No. 保單號碼	Type of Benefit 受保類別	Amount Recoverable 可領回金額

TYPE OF BENEFITS (Please tick where appropriate) 索償類別 (請於適當方格內加上"✓")

1. Emergency Medical Assistance & Expenses 緊急旅遊支援及醫療費用
   - ☐ Medical Expenses Reimbursement 醫療費用
   - ☐ Emergency Medical Evacuation 緊急醫療運送
   - ☐ Repatriation of Remains 遺體運返費用
   - ☐ Compassionate Visit 安排家屬探望
2. Personal Accident 個人意外
   - ☐ Accidental Death & Dismemberment 意外死亡及斷肢賠償
   - ☐ Permanent Total Disability 永久完全殘廢賠償
3. ☐ Staff Replacement 替補員工
4. ☐ Journey Cancellation / Journey Curtailment (Early Return) 取消行程 / 縮短行程 (提早回程)
5. ☐ Baggage Loss 個人行李 / 物件遺失
6. ☐ Travel Documents Loss 旅遊証件遺失
7. ☐ Personal Money 個人金錢
8. ☐ Travel Delay 行程延誤
9. ☐ Baggage Delay 行李延誤
10. ☐ Personal Liability 個人責任
11. ☐ Compassionate Death Benefit 身故體恤津貼
12. ☐ Others 其他 :

This form is applicable for making claims against the policies issued by AIA International Limited (hereinafter called "AIA").
此表格適用於友邦保險(國際)有限公司(以下簡稱"友邦保險")繕發之保單的索償申請。

Policy Number 保單號碼 | | | | | | | | | | |

AIA INTERNATIONAL LIMITED
友邦保險 (國際) 有限公司
(hereinafter called "AIA" 以下簡稱"友邦保險")

Claims Payment Option 支付賠償方法:

For e-BankIn customers, the Claims payment will be transferred to the designated bank account.
已成功登記使用「電子入賬服務」之客户，本公司會將賠償款項轉入至指定之銀行户口。
If e-BankIn has not been registered, Claims benefit will be paid by Cheque in:
如未有登記使用「電子入賬服務」，賠償金額將會以支票支付，貨幣選擇為:

☐ Hong Kong Dollar 港元 ☐ Policy Currency 保單貨幣

a. I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA at its discretion. 本人 / 我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣("選擇貨幣")作為收取任何此等利益的貨幣只屬友邦保險酌情所提供之服務。

b. I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 本人 / 我們明白及同意如本人 / 我們選擇任何保單下所作出的利益款項以“選擇貨幣”支付，本人 / 我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

DECLARATION AND AUTHORIZATION 聲明及授權

I / We DECLARE that the answers given above are true and complete. 本人 / 我們現聲明以上每一項答案為完全和真確。
I / We hereby irrevocably authorize: 本人 / 我們茲授權 :

a. any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA / AIAB may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
任何知悉或擁有本人 / 我們 / 被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人 / 我們 / 被保人診治之機構、組織或人士、向友邦保險透露有關資料，不得撤回，即使本人 / 我們 / 被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人 / 我們 / 被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

b. AIA / AIAB or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.
友邦保險或任何其認可之驗身醫生或化驗所，替本人 / 我們 / 被保人進行所需之醫療評估及測試，並對本人 / 我們/被保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於，膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").
I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC.
I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用
本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。
本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。
本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Witness 見証人簽署

Name 姓名:

Date 日期: _____

Signature of Insured / Claimant 受保人 / 申請人簽署
(Please do not sign on blank form 請勿在空白表格上簽署)

Name 姓名: _____

ID Card / Passport No.
身份證 / 護照號碼:

Date 日期: _____

Remarks 註:
This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent / legal guardian can sign on his/her behalf.
此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長 / 合法監護人簽署。
Please complete the following information if the signature is not given by the insured. 若簽署者非受保人，請填寫下列資料。

Name of Insured 受保人姓名
(in block letter 正楷書寫)

Relationship with the Insured 與受保人關係
(Please provide documentary proof for the relationship. 請提交關係証明文件)

Policy Number 保單號碼 | | | | | | | | | | |

To be completed for claims under Benefit 1a – Medical Expenses Reimbursement 如申請賠償類別為 1a -『醫療費用』適用

1. a) Date and time of accident / diagnosis made :
發生意外或疾病開始之日期及時間 _____ MM月 / DD日 / YYYY年 : HR 時 MIN 分 ☐ A.M. 上午 ☐ P.M. 下午

b) Where and how did accident happen / How long have the symptoms been existing?
發生意外之地點及經過 / 疾病之徵狀出現了多久？
Accident Details 意外地點及經過: Symptoms Duration 疾病徵狀出現多久:

c) Nature of accident / diagnosis of illness:
意外的情況、傷勢 / 病況的診斷
Nature of accident 意外的情況: Diagnosis of Illness 病況診斷:

d) Have you consulted any doctor or had medicine treatment before the commencement of your journey?
於行程出發前有否向醫生求診或接受任何藥物治療？
☐ Yes 有 If Yes, please give details 如有， 請提供詳情: _____
☐ No 否

e) Give details of consultations. 診治詳情

	Name(s) and Address(es) of Doctor(s) / Hospital(s) 醫生 / 醫院名稱及地址	Consultation Date(s) 求診日期
i) The doctor first consulted for this accident / illness and First Consultation Date 首次就診的醫生資料及日期		MM月 / DD日 / YYYY年
ii) The doctor you last consulted for this accident / illness and the Last Consultation Date. 最後求診的醫生資料及日期		MM月 / DD日 / YYYY年
iii) If hospitalized, please state the period of hospitalization. 若曾住院， 請列出住院時段。	From 由 Date of Admission 入院日期 MM月 / DD日 / YYYY年	To 至 Date of Discharge 出院日期 MM月 / DD日 / YYYY年

2. Please list below for the medical expenses to be claimed. 請填寫欲索償之醫療費用詳情。

Consultation Date(s) 求診日期	Nature of expenses 醫療費用性質	Claimed Amount with Currency 索償金額及其貨幣
MM月 / DD日 / YYYY年		
MM月 / DD日 / YYYY年		

Remarks 註:
Please attach all relevant documents such as 1. Owner's ID copy 2. Original Receipts 3. Medical reports from the health care providers or Hospital Discharge Note 4. Lab Reports 5. Police Report 6. Passport / Entry Proof / Travel Tickets 7. Compensation Breakdown from other Insurers / Parties
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 正本單據 3. 由當地醫療機構發出之醫療報告或出院證明書 4. 化驗報告 5.警察報告 6. 護照 / 出入境証明 / 行程票據 7. 其他保險公司 / 機構發出之賠償細算表

To be completed for claims under Benefit 1d – Compassionate Visit 如申請賠償類別為 1d -『安排家屬探望』適用

1. Reason for Compassionate Visit 安排家屬探望原因:		Destination 目的地:
2. Period of Visit: 探望日期	From 由 MM月 / DD日 / YYYY年	To 至 MM月 / DD日 / YYYY年
3. Full name of Immediate Family Member: 直系親屬姓名	Name 姓名:	Relationship to the Insured: 與受保人關係
4. Full name of Minor: 小童姓名	Name 姓名:	Relationship to the Insured: 與受保人關係
5. Total Amount Claimed and its Currency 索償金額及其貨幣	Amount 金額:	Nature of Expenses 費用性質:

Remarks 註:
Please attach all relevant documents such as 1. Owner's ID copy 2. Medical reports from the health care providers or Hospital Discharge Note 3. Passport / Entry Proof / Travel Tickets 4. Travel Expenses Receipts 5. Relationship Proof 6. Burial / Cremation Certificate
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 由當地醫療機構發出之醫療報告或出院證明書 3. 護照 / 出入境証明 / 行程票據 4.酒店住宿及交通費用之單據 5. 關係証明 6. 批准屍體火葬證明書

Policy Number 保單號碼 | | | | | | | | | | |

To be completed for claims under Benefit 2 – Personal Accident 如申請賠償類別為 2 - 『個人意外』適用

1. a) Date and time of accident : 發生意外或疾病開始之日期及時間:	1 a) MM月 / DD日 / YYYY年 : HR 時 MIN 分 ☐ A.M. 上午 ☐ P.M. 下午
b) Where and how did it happen? 意外地點及經過	b)
c) Part of body injured and type of injury 受傷部位及傷勢	c)
d) Full name and telephone no. of witness(es), if any 見証人之姓名及其聯絡電話(如適用) Name of Witness(es) 見証人之姓名 Tel No. of Witness(es) 見証人之聯絡電話	

DETAILS OF MEDICAL CONSULTATION / HOSPITALIZATION 求診及住院詳情

2. Details of Physician(s) consulted or hospital(s) admitted for current accident during the journey 於旅程中曾求診之醫生或入住之醫院詳情:

Name(s) and Address(es) of Doctor(s) / Hospital(s) 醫生 / 醫院名稱及地址	Admission / Consultation No.(s) 住院 / 求診號碼	Admission / Consultation Date(s) 住院 / 求診日期
		MM月 / DD日 / YYYY年
		MM月 / DD日 / YYYY年
		MM月 / DD日 / YYYY年

Remarks 註:
Please attach all relevant documents such as 1. Owner's ID copy 2. Medical reports from the health care providers or Hospital Discharge Note 3. Police Report 4. Death Certificate 5. Beneficiary's ID copy 6. Passport / Entry Proof / Travel Tickets 7. Burial / Cremation Certificate
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 由當地醫療機構發出之醫療報告或出院證明書 3. 警察報告 4. 死亡証 5.受益人的身份證副本 6. 護照 / 出入境証明 / 行程票據 7. 批准屍體火葬證明書

To be completed for claims under Benefit 4 – Journey Curtailment (Early Return) or Journey Cancellation
如申請賠償類別為 4 -『縮短行程』(提早回程) 或 『行程取消』適用

1. Reason for Journey Curtailment / Cancellation 縮短行程或取消行程之原因		
2. Period of Journey Curtailment / Cancellation 縮短之行程或取消之行程時段	From 由 MM月 / DD日 / YYYY年 To 至 MM月 / DD日 / YYYY年	
3. Full name, address and telephone no. of travel agent 旅行社名稱、地址及聯絡電話號碼		
4. Total amount claimed and its currency 索償金額及其貨幣		Nature of Expenses 費用性質:

5. If the journey curtailment / journey cancellation is due to death, serious injury or sickness of the Insured / Immediate Family Member / Close Business Partner, please state clearly the followings:
若因受保人 / 直系親屬 / 公司合伙人死亡、 嚴重受傷或病重而引致縮短或取消行程， 請清楚填報下列資料：

Full name of sick / injured person 病者 / 受傷者姓名	Telephone No. 聯絡電話號碼	Relationship to the Insured 與受保人之關係	Diagnosis 診斷	Injury 意外	Illness 疾病
				☐	☐
				☐	☐
				☐	☐

Remarks 註:
Please attach all relevant documents such as 1. Owner's ID copy 2. Unused ticket, deposit receipts 3. Medical reports from the health care providers 4. Death Certificate 5. Passport / Entry Proof 6. Written confirmation from Airlines / Public Common Carrier / Hotel 7. Police Report 8. Burial / Cremation Certificate 9. Compensation Breakdown from other Insurers / Parties
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 未能完成的行程之票據、訂金收據 3. 由當地醫療機構發出之醫療報告 4. 死亡証 5. 護照 / 出入境証明 6. 航空公司 / 輪船公司 / 酒店發出之書面証明 7. 警察報告 8. 批准屍體火葬證明書 9. 其他保險公司 / 機構發出之賠償細算表

Policy Number 保單號碼 | | | | | | | | | | |

To be completed for claims under Benefit 5 – Baggage Loss, Benefit 6 – Travel Document Loss and / or Benefit 7 – Personal Money 如申請賠償類別為 5 -『個人行李遺失 』, 6 -『旅遊証件遺失』, 及/或 7 -『個人金錢 』適用

1. a) Date of Loss / Damage 物品遺失 / 損毀之日期	1 a) MM月 / DD日 / YYYY年
b) Where and how did it happen? 發生地點及經過	b)
c) Date and Time when the incidence was reported to the Police / related Parties 向警察局 / 有關機構報告事件的日期及時間	c) MM月 / DD日 / YYYY年 HR 時 : MIN 分 ☐ A.M. 上午 ☐ P.M. 下午
d) Name and Address of the Police Station / Parties to whom the incidence was reported and its reference no., if any 警察局 / 有關機構之名稱及地址及其檔案編號(如適用者)	

2. Details of lost / damaged items 遺失/損毀之物品詳情

Item(s) Lost / Damaged 遺失 / 損毀之物品	Date of purchase / Document(s) Replacement 購買遺失 / 損毀之物品或補發旅遊證件之日	(Purchase) value / Repairing Cost / Document(s) replacement cost and its currency (購買)價值 / 修理費用 / 補發旅遊證件之費用及其貨幣	Purchase receipt(s) attached 購買單據隨賠償申請書附上	
	MM月 / DD日 / YYYY年		☐ Yes 有	☐ No 無
	MM月 / DD日 / YYYY年		☐ Yes 有	☐ No 無
	MM月 / DD日 / YYYY年		☐ Yes 有	☐ No 無

Remarks 註：
Please attach all relevant documents such as 1. Owner's ID copy 2. Written confirmation from Airlines / Public Common Carrier / Hotel 3. Purchase receipts / documents replacement receipts 4. Receipts for Additional hotel accommodation and travelling expenses 5. Passport / Entry Proof 6. Compensation Breakdown from other Insurers / Parties 7. Police Report
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 航空公司 / 輪船公司 / 酒店發出之書面証明 3. 購買物品之單據 / 補發旅遊證件之收據 4. 滯留期間之額外酒店住宿及交通費用之單據 5. 護照 / 出入境証明 6. 其他保險公司 / 機構發出之賠償細算表 7. 警察報告

To be completed for claims under Benefit 8 – Travel Delay and/or Benefit 9 - Baggage Delay
如申請賠償類別為 8 -『行程延誤』及/或 9 -『行李延誤』適用

1. Reason for travel / baggage delay: 行程延誤及 / 或行李延誤之原因:	1.
2. Full name, address and telephone no. of travel agent / Public common carrier 旅行社/航空公司名稱、地址及聯絡電話號碼	2.

3. Details for Travel / Baggage Delay 行程 / 行李延誤之詳情

Expected Arrival Date and Time 預定到達日期及時間	Actual Arrival Date and Time 實際到達日期及時間	Flight No. 航班編號	Duration of Travel / Baggage Delay 行程 / 行李延誤之時段

Remarks 註:
Please attach all relevant documents such as 1. Owner's ID copy 2. Copy of boarding pass / air ticket 3. Written confirmation from Airlines / Public Common Carrier / Travel Agent 4. Original Receipts for Purchase of necessities / Hotel Accommodation & Refreshments 5. Passport / Entry Proof 6. Compensation Breakdown from other Insurers / Parties
請連同所有有關文件一併遞交: 如 1. 保單持有人的身份證副本 2. 登機證 / 機票副本 3. 航空公司 / 輪船公司 / 旅行社發出之書面証明 4. 購買必需品 / 酒店住宿及用膳之單據 5. 護照 / 出入境証明 6. 其他保險公司 / 機構發出之賠償細算表

To be completed for claims under other benefits 如申請其他賠償類別適用

1. Details of claims 其他賠償類別之詳情

Benefit Type 賠償類別	Date 日期	Time (am / pm) 時間(上午/下午)	Place 地點	Nature of expenses 費用性質	Claimed Amount with Currency 索償金額及其貨幣
	MM月 / DD日 / YYYY年				
	MM月 / DD日 / YYYY年				
	MM月 / DD日 / YYYY年				

Policy Number 保單號碼 | | | | | | | | | | |

SUPPLEMENTARY CLAIMS DETAILS 索償補充資料:

Part II (TO BE COMPLETED BY AIA FINANCIAL PLANNER / BROKER / IFA)
第二部份 (由友邦財務策劃顧問 / 保險顧問 / 投資顧問填寫)

SUGGESTED CHECKLIST FOR AIA FINANCIAL PLANNER / BROKER / IFA
建議友邦財務策劃顧問 / 保險顧問 / 投資顧問參考事項

I believe that the answers given above are true to the best of my knowledge.
我認為上述之答案全屬正確無訛。

Documents attached with this claim form
與申請表一起呈遞之文件

- ☐ Owner's ID copy
  保單持有人的身份證副本
- ☐ Travel Document such as Passport , Entry Proof , Travel Tickets, Boarding Pass
  旅遊文件如護照、出入境証明、行程票據、登機證等
- ☐ Original Medical Expenses Receipts
  醫療費用正本收據
- ☐ Police Report
  警察報告
- ☐ Purchase Receipt for lost / stolen / damaged items
  遺失 / 損毀之物品之單據
- ☐ Compensation Breakdown from other Insurers / Parties
  其他保險公司 / 機構發出之賠償細算表
- ☐ Hotel Accommodation and Travelling Expenses Receipts
  酒店住宿及交通費用單據
- ☐ Medical Report or Hospital Discharge Note
  醫療報告或出院證明書
- ☐ Written Confirmation from Airlines / Public Common Carrier / Hotel
  航空公司 / 輪船公司 / 酒店發出之書面証明
- ☐ Death Certificate, Beneficiary's ID copy
  死亡証、受益人之身份證副本
- ☐ Purchase Receipts for Necessities / Documents Replacement Receipts
  購買必需品 / 補發旅遊證件之單據
- ☐ Others, please specify
  其他，請註明：

Signature of AIA Financial Planner / Broker / IFA / Witness
友邦財務策劃顧問 / 保險顧問 / 投資顧問/見証人簽署

Date 日期:

- ☐ Please write down the correct policy number.
  請填寫正確之保單號碼。
- ☐ Please attach Entry Proof.
  請遞交出入境証明。
- ☐ Please complete all the questions in Part I.
  此表格上所有問題都必須作答。
- ☐ Please make sure the signature of the insured / owner in consistent with that in policy application.
  請確保以上之簽名與保單申請書之簽名一致。

Important Note 注意事項

In case you want to claim for other benefits, such as critical illness, disability benefits, etc., please complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.
如您還需申請其他賠償類別，如: 危疾、傷殘等，請另行填寫及遞交相關的索償申請表格和所需證明。
To get back the Original Medical Receipt(s) submitted, please complete the "Request for Return of Original Document(s)" Form.
如欲退回任何呈交之正本醫療收據， 請一併遞交『 退回正本文件』申請表格。
We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.
若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料, 我們會通知閣下或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。